



2018 PET LOVER'S GRANT PROPOSAL

PROPOSAL & BUDGET NARRATIVE

Project Information:

Provide a clear and concise project title.

[Click here to enter text.](#)

Project Description:

Summarize the project for which you are requesting funds. Summary should not to exceed 200 words.

[Click here to enter text.](#)

Project Purpose:

Identify the specific issue, problem, or need that the project will address, and explain why the project is important.

All of the following must be addressed:

- State the specific issue, problem or need.
[Click here to enter text.](#)
- Clearly outline the need for spay/neuter services in your community and how the project will impact the overall number of spay/neuter surgeries in your community.
[Click here to enter text.](#)
- If the project will administer a voucher program, please explain how it will be administered and who will be eligible.
[Click here to enter text.](#)
- Describe any other low-cost or free spay/neuter services available to residents within your service area. Explain how your program will supplement the already existing programs, if applicable.
[Click here to enter text.](#)

Funding Sources:

Indicate if the proposal has been submitted to or funded by another state or federal grant program.

Choose an item.

If the proposal has been or will be submitted to or funded by another state or federal grant program other than the Pet Lover's License Plate Program, please address the following:

- Identify the state or federal grant program and the agency administering the program.
[Click here to enter text.](#)
- State the amount of grant funds requested or awarded by the program.
[Click here to enter text.](#)

Project Awareness:

Describe how you will promote the project and raise awareness for spay/neuter in the community:

[Click here to enter text.](#)



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Work Plan:

Fill out the provided timeline to describe the activities necessary to accomplish project objectives. Include the person responsible for performing the activity and the timelines (mm/yy) for accomplishing each activity.

Only grant-funded activities occurring during the timeframe of the proposed project should be included.

Project Activity	Performed by	Timeline (mm/yy-mm/yy)

**Add rows as needed*

Evaluation and Performance Monitoring Plan:

Describe what the project is expected to accomplish and how it will be evaluated while in progress and upon conclusion. The following must be addressed:

- Describe the evaluation methods (surveys, meetings, etc.).
Click here to enter text.
- Identify the individual(s) who will be collecting and analyzing the data.
Click here to enter text.
- State when the evaluation will take place (timeframe).
Click here to enter text.
- Explain how the data gathered will be used to correct deficiencies and/or improve performance.
Click here to enter text.

Project Oversight:

Describe the oversight practices that provide sufficient knowledge of all program activities to ensure proper and efficient administration of the project.

- Identify the Project Director and Co-Project Director;
Click here to enter text.
- List oversight practices and activities.
Click here to enter text.

Please indicate which of the following services are provided by your organization (check all that apply):

- ☐ Municipal Animal Control
 - ☐ Unlimited intake (open admission) facility
 - ☐ Limited intake facility
 - ☐ Spay/Neuter Services provided in-house
 - ☐ Spay/Neuter Services (provided through vouchers or agreements with other clinics)
 - ☐ Feral Cat/TNR Program
 - ☐ Other (Please explain)
-



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Which of the following species are serviced by your agency? (Check all that apply)

- ☐ Dogs
 - ☐ Cats
 - ☐ Rabbits
 - ☐ Other
-

If you currently offer spay/neuter services, please answer the questions below. If not, please explain why and then skip to the section titled "Community Information" below.

[Click here to enter text.](#)

How long have you been offering spay/neuter services?

[Click here to enter text.](#)

For which groups of animals have you been offering spay/neuter services?

- ☐ Homeless/Shelter Cats
- ☐ Homeless/Shelter Dogs
- ☐ Rabbits/Other Small Pets
- ☐ Owned Cats
- ☐ Owned Dogs
- ☐ Feral/Community Cats
- ☐ Other

If you have a feral cat program, do you practice trap/neuter/return? Do you ever put feral cats up for adoption? Please explain:

[Click here to enter text.](#)

How are funds currently raised for your spay/neuter program?

[Click here to enter text.](#)

What percentage of your budget is currently spent on spay/neuter services?

[Click here to enter text.](#)

Community Information

Human Population Information

(Population data available via www.census.gov if not known)

Name of municipalities included in service area:

[Click here to enter text.](#)

Total human population within service area:

[Click here to enter text.](#)

Percent of residents living below poverty level within service area:

[Click here to enter text.](#)



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Animal Population Information

Estimated # of pet dogs in target area (human population divided by 4): _____

Estimated # of pet cats in target area (human population divided by 3.3): _____

Estimated # of free-roaming cats in target area (human population divided by 6): _____

Statistical Overview

Please provide the following for the past two calendar years:

A. # Entering Facility (Not including DOA):

	Most Recent Year	Year Prior
Dogs		
Cats		
Rabbits		

B. #Adopted/Transferred/RTO

	Most Recent Year	Year Prior
Dogs		
Cats		
Rabbits		

C. # of Animals Euthanized:

	Most Recent Year	Year Prior
Dogs		
Cats		
Rabbits		

D. What is your live release rate?

(Use the formula: $(\text{Adoptions} + \text{Transfers} + \text{RTO (B above)}) / (\text{Total Live Intake (A above)})$)

	Most Recent Year	Year Prior
Dogs		
Cats		
Rabbits		

If applicable, please provide:

E. # of Publicly-Owned Animals Spayed or Neutered:

	Most Recent Year	Year Prior
In-House		
Dogs		
Cats		
Rabbits		
Outsourced		
Dogs		
Cats		
Rabbits		



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Budget Narrative:

Total Amount of Pet Lover's Funds Requested	
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All expenses described in this budget narrative must be associated with expenses that will be covered by Pet Lover's funds. Complete the tables provided below by filling in the requested information, including a brief description/justification of costs requested. Applicants may add or remove rows as needed.

Please note: Grant funds cannot be used to cover provider overhead costs.

PERSONNEL (SALARY AND WAGES)

In the table below, list only persons employed by applicant organization whose time and effort can be specifically identified and easily and accurately traced to project activities. For each employee, provide:

- The individual's name, if known.
- Their title (e.g. Director) and role in the project, if applicable (e.g. project manager, etc.).
- Their level of effort on the project. For hourly employees, provide the number of hours to be worked. For salaried employees, provide the percent full time equivalent (% FTE).
- The total amount of funds requested for the individual.

#	Name/Title	Level of Effort (# of hours or % FTE)	Funds Requested
1			
2			
Salary and Wages Subtotal			

Salary and Wages Justification: For each individual listed in the table above, provide a brief summary of their duties and identify the project activities from the Work Plan that they will be responsible for completing.

Employee 1:

Employee 2:

FRINGE BENEFITS

In the table below, provide the fringe benefit rate for each employee that will be paid with Pet Lover's funds. Fringe benefits expense is calculated as a percentage of an individual's salary or wages and should be determined according the organizations established fringe benefits policy. For each employee, provide:

- The individual's name, if known.
- Their title (e.g. Director) and role in the project, if applicable (e.g. project manager, etc.).
- The fringe benefit rate.
- The total amount of funds requested for the individual.

#	Name/Title	Fringe Benefit Rate (% of salary or wages)	Funds Requested
1			
2			
Fringe Benefits Subtotal			



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TRAVEL

In the table below, provide a description of all travel in support of Pet Lover's project activities. Travel costs are limited to established state government per diem rates ([travel within California](#)) and U.S. government per diem rates ([U.S. travel outside of California](#)). For each project related trip, provide:

- The trip destination (city).
- The type of travel expense incurred (e.g. hotel, airfare, mileage, etc.). Add additional rows as needed.
- The unit of measure for each expense (e.g. nights, roundtrip flights, miles, etc.).
- The number of units for each expense (e.g. 1 night, 1 roundtrip flight, 250 miles, etc.).
- The cost per unit for each expense (e.g. \$95 per night, \$500 per r/t flight, \$.545 per mile, etc.).
- The number of individuals claiming each expense.
- The total funds requested.

#	Trip Destination	Type of Expense	Unit of Measure	Number of Units	Cost per Unit	# Claiming Expense	Funds Requested
1							
2							
Travel Subtotal							

Travel Justification: For each trip listed in the table above, provide the approximate dates of travel and the purpose of the trip. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the projects objectives and activities outlined in the work plan.

Trip 1:

Trip 2:

SUPPLIES

In the table below, list the materials and supplies costing less than \$5,000 per unit. Supplies may include anything from office supplies and software to education or field supplies. For each project related supply, provide:

- The type of supply.
- The cost per unit.
- The number of units to be purchased.
- When the supply will be purchased (corresponds with work plan).
- The total amount of funds requested for the supply.

#	Item Description	Cost per Unit	Number of Units	Acquire When?	Funds Requested
1					
2					
Supplies Subtotal					



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Supplies Justification: Provide a brief narrative of how supply costs requested are necessary for the proposed project.

Supply 1:

Supply 2:

CONTRACTUAL

In the table below, provide an overview of all project related contractual costs. Compensation for individual contractual fees should be reasonable and consistent with fees in the marketplace for similar services. For each individual contractor that will conduct project activities and receive grant funds, provide:

- The contractor name/organization.
- The project objectives the contractual services will support.
- The fee structure of the contractor (e.g. flat-rate, hourly rate, etc.).
- The total amount of funds requested for the contractor.

#	Contractor Name/Organization	Project Objectives	Fee Structure	Funds Requested
1				
2				
Contractual Subtotal				

Contractual Justification: For each contractor listed in the table above provide a short description of services and itemize categories (e.g. professional service, travel, lodging, etc.) the contractor will complete to meet the objectives and outcomes of the project.

Contractor 1:

Contractor 2:

G. OTHER

In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, costs associated with vouchers, communications, advertisements, publication costs, and data collection. For each project related expense listed under other, provide:

- A detailed description of the type of expense.
- The cost per unit.
- The number of units to be purchased.
- When the expense will be incurred (grant year).
- The total amount of funds requested.



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#	Item Description	Cost per Unit	Number of Units	Acquire When?	Funds Requested
1					
2					
3					
4					
Other Subtotal					

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